



Corres. and Mail
BOX AF

AF/2800

Amendment Under 37 C.F.R. § 1.116
Group Art Unit 2861, Expedited Procedure

In re Application of:

Docket No. 03500.014829

NAOJI OTSUKA ET AL.

Application No.: 09/675,165

Examiner: T. Nguyen

Filed: September 29, 2000

Group Art Unit: 2861

For: TWO-WAY PRINTING APPARATUS
AND PRINT METHOD

Date: October 14, 2003

Commissioner for Patents
Mail Stop AF
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED
OCT 23 2003
TECHNOLOGY CENTER 2800

Sir:

Transmitted herewith is an Amendment After Final Action in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 41	MINUS	** 41	= 0	x \$9 \$18	\$ 0
INDEP. CLAIMS	* 6	MINUS	*** 6	= 0	x \$42 \$84	\$ 0
Fee for Multiple Dependent claims \$140°/\$280						Prev. Paid
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a ____-month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicants

Registration No. 72,286

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30 Rockefeller Plaza
New York, New York 10112-3801
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